



03500.013131

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TAKEYUKI NAGASHIMA

Application No.: 09/197,475

Filed: November 23, 1998

For: PRINTER SERVER,
METHOD FOR PROCESSING
DATA, AND STORAGE
MEDIUM

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Examiner: T. Carter

Group Art Unit: 2622

RECEIVED

MAR 13 2003

Technology Center 2600

March 4, 2003

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Office Action dated December 4, 2002, please amend the above-identified application, as follows:

This Amendment is submitted under the guidelines of the revised format announced in the attached notice.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on

March 4, 2003

(Date of Deposit)

Carole A. Quinn, Reg. No. 39,000

Name of Attorney for Applicant

Carole A. Quinn

Date of Signature



2622

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Carole A. Quinn, Reg. No. 39,000

Name of Attorney for Applicant

Carole A. Quinn 3/4/03

Signature

Date of Signature

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 12	MINUS	** 20	= -0-	x \$9 \$18	-0-
INDEP. CLAIMS	* 3	MINUS	*** 3	= -0-	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 39,000

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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